

DMH Satisfaction Survey Results

Consumer Satisfaction - 2000

Sample Survey and Graphic

Missouri Department of Mental Health Consumer Satisfaction Survey

Dear Consumer,

We want to know your opinion. Please take a few moments for this survey. Your answers will be private. If you feel you need help with this survey, ask for help from staff, friends or family. Or, you may call Christine Squibb or Gary Harbison at DMH at 1-800-364-9687, or Dr. Christine Rinck at UMKC at 1-816-235-1770. When you have answered the questions, put the survey in the envelope and seal it. You may mail the survey or return it to your staff. We will use this information to make services better. Thank you.

Sincerely,

Christine Squibb
Director, Office of Consumer Affairs

Gary Harbison
DMH Outcomes Coordinator

The information in this box is voluntary. It will help us understand the people who complete the survey.

Age _____

Sex (Please Check): ☐ Male ☐ Female

Race/Ethnicity (Please Check):

☐ White ☐ Black ☐ Hispanic ☐ Native American ☐ Other

How long have you received services at this agency?

How old were you when you first received mental health services?

Are you currently living (Please Check One):

☐ Independently in the community ☐ Residential treatment facility
☐ Oxford House ☐ Homeless
☐ Group Home/Boarding Home/ RCF
☐ Other:

Have you lived in a residential treatment facility during the past year? ☐ Yes ☐ No

Please complete the questions on the next three pages.

SERVICES						
<i>Think about the mental health agency where you are receiving services.</i>						
How satisfied are you . . .	Not at all satisfied 1	Not satisfied 2	OK 3	Satis- fied 4	Very satisfied 5	Does not apply to me <input type="checkbox"/>
1. with the staff who serve you?	1	2	3	4	5	<input type="checkbox"/>
2. with how much your staff know about how to get things done?	1	2	3	4	5	<input type="checkbox"/>
3. with how staff keep things about you and your life confidential?	1	2	3	4	5	<input type="checkbox"/>
4. that your treatment plan has what you want in it?	1	2	3	4	5	<input type="checkbox"/>
5. that your treatment plan is being followed by those who assist you? .	1	2	3	4	5	<input type="checkbox"/>
6. that the agency staff respect your ethnic and cultural background?	1	2	3	4	5	<input type="checkbox"/>
7. with the services you receive?	1	2	3	4	5	<input type="checkbox"/>
8. that services are provided in a timely manner?	1	2	3	4	5	<input type="checkbox"/>

QUALITY OF LIFE

The agency or the Department of Mental Health may not provide services for you that are directly related to the following questions, but we are interested in your quality of life.

How satisfied are you . . .	Not at all satisfied 1	Not satisfied 2	OK 3	Satis- fied 4	Very satisfied 5	Does not apply to me <input type="checkbox"/>
9. with how you spend your day?.....	1	2	3	4	5	<input type="checkbox"/>
10. with where you live?.....	1	2	3	4	5	<input type="checkbox"/>
11. the amount of choices you have in your life?	1	2	3	4	5	<input type="checkbox"/>
12. with the opportunities/ chances you have to make friends?	1	2	3	4	5	<input type="checkbox"/>
13. with your general health care?.....	1	2	3	4	5	<input type="checkbox"/>
14. with what you do during your free time?	1	2	3	4	5	<input type="checkbox"/>
How safe do you feel . . .	Not at all safe 1	Not safe 2	OK 3	Safe 4	Very safe 5	Does not apply to me <input type="checkbox"/>
15. in your home?	1	2	3	4	5	<input type="checkbox"/>
16. in your neighborhood?	1	2	3	4	5	<input type="checkbox"/>

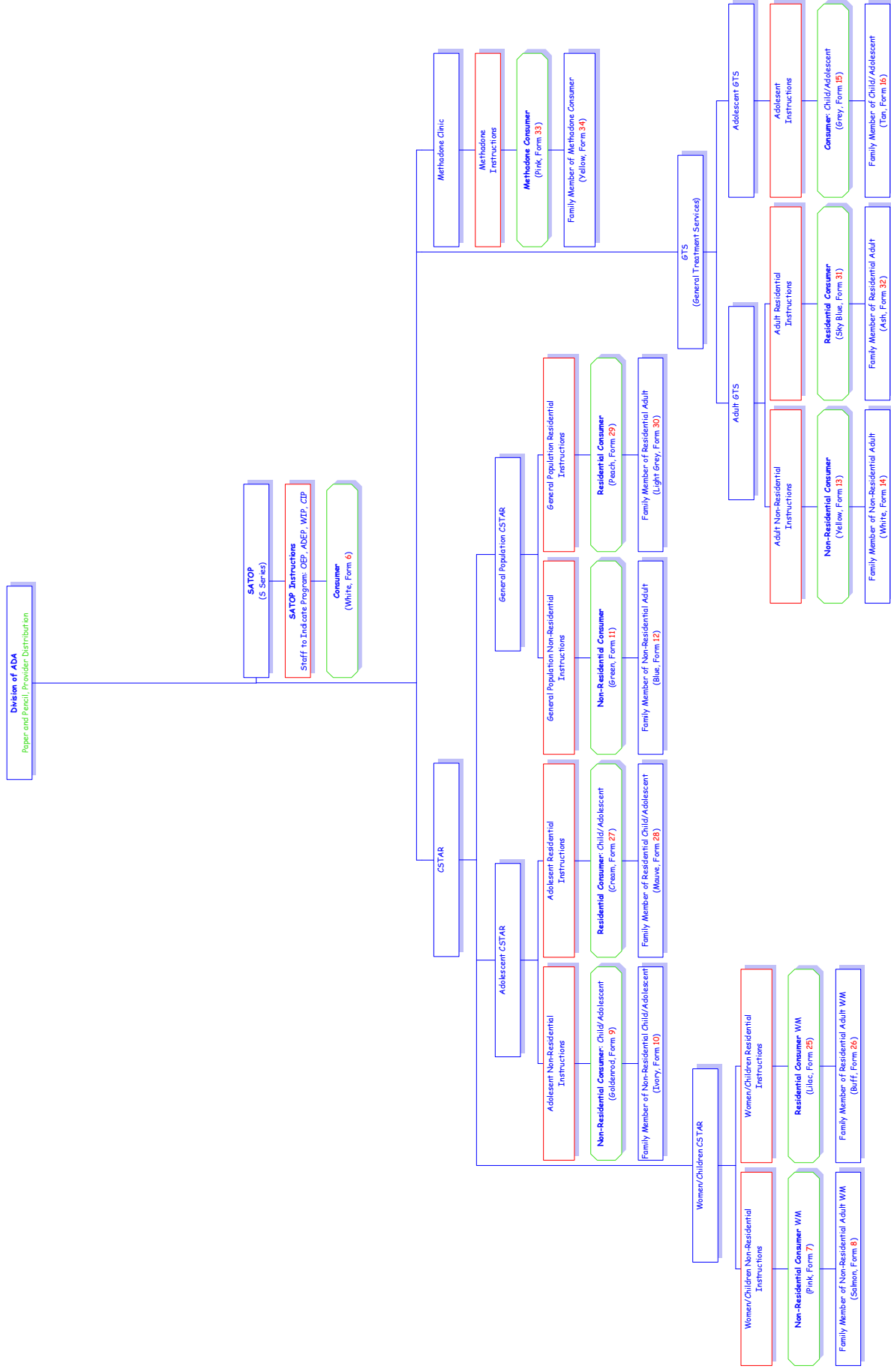
17. What do you like best about the services you receive?

18. How could the services you receive be improved?

19. If you have any other comments, please write them here.
Use additional pages if needed.

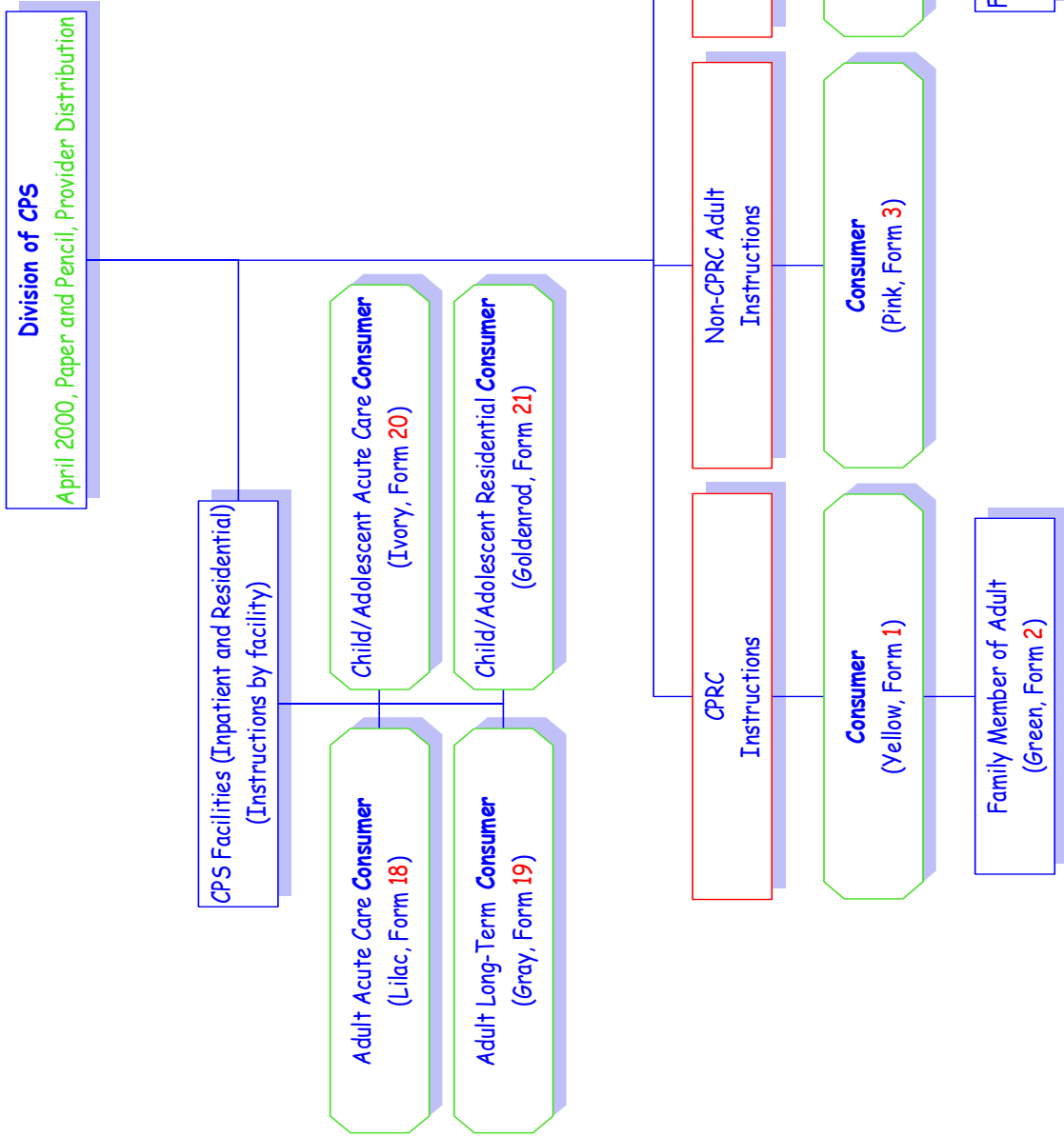
Comments or questions should be directed to Christine Squibb or Gary Harbison at Missouri Department of Mental Health, P.O. Box 687, Jefferson City, Missouri 65102, 1-800-364-9687. The results of this survey are being compiled and analyzed by the University of Missouri-Kansas City Institute for Human Development, Dr. Christine Rinck, 816-235-1770.

2000 Consumer Satisfaction Survey Division of Alcohol and Drug Abuse



2000 Consumer Satisfaction Survey

Division of Comprehensive Psychiatric Services



2000 Consumer Satisfaction Survey

Division of Mental Retardation and Developmental Disabilities

Division of MR/DD
Consumer Interview/Sample, Family Member/ Direct Mail

